

GOVT. OF NCT OF DELHI
NEHRU HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
B-BLOCK, DEFENCE COLONY, NEW DELHI-24

Applications are invited from eligible candidates for filling up two posts of Senior Resident (Homoeopathy), reserved one post for SC & one post for OBC in the pay scale of Rs. 15600-39100 with grade pay of Rs. 6600 + NPA +usual allowances as admissible from time to time, for Nehru Homoeopathic Medical College & Hospital. The applicant must possess the following professional qualification:-

- 1) A post- Graduate Degree in Homoeopathy recognized University/ Statutory State Board/Council recognized under the Homoeopathic Central Council Act, 1973(59) of 1973.
- 2) Candidate must be enrolled on a State Register or Central Register of Homoeopathy
- 3) These posts are tenure posts for a period of three years. The maximum age limit of applicant shall not exceed in case of SC 40 years and in case of OBC 38 years as on the last date of receipt of application as per general rules of Govt.

The application in the prescribed Performa must reach the office of the Principal, Nehru Homoeopathic Medical College & Hospital, B-Block, Defence Colony, New Delhi-110024 by or before 15/06/2011. The envelope containing application should subscribe

'APPLICATION FOR THE POST OF SENIOR RESIDENT (HOMOEOPATHY)'

Sd/-
(Dr. (Mrs.) Anil.K.Malhotra)
(Principal NHMC & H)

Bio-data Performa

1. Name and Address in Block Letters.
2. Date of Birth (in Christian era)
3. Educational Qualification:

S. NO.	COURSE	INSTITUTE	UNIVERSITY	MARKS OBTAINED

4. Details of Employment in chronological order.
5. Additional information, if any, which the applicant would like to, mention in support of his/her suitability for the post. Enclose a separate sheet for this purpose.
6. Category :SC/OBC (Enclose Certificate)

The applicant shall also give the following undertaking:

Undertaking

I _____ hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the department can take action against me if I am declared by them to be guilty of any wrong and false information.

Place:
Date:

Signature of the Candidate
Name: _____
DIP/0149/11-12

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